

mination of so grave and complicated a case is ascribed by Dr. Benisovitch to a strictest possible antiseptic management from the beginning, and above all to establishing and scrupulously keeping up a thorough drainage. Analyzing his case the writer dwells especially on the following points: 1. In the whole international literature accessible to him he was able to find only one case where an already cicatrized abdominal wound burst under conditions like those in his patient. It is the case of Dr. Tchaïshansky where herniotomy had been performed, and the whole wound had healed *per primam* at due time to give way shortly afterwards under the pressure of severe cough efforts. The prolapsed bowels were disinfected and returned into the abdomen, the patient making good recovery. 2. Cases of traumatic lesions of the stomach are comparatively very rare both in military and civil life. Thus of 3717 gunshot penetrating wounds of the abdomen, registered during the War of the Rebellion in the United States, the stomach was wounded only in 79. Its stab wounds are met somewhat more frequently, but they include then, in an overwhelming majority of the cases, all coats of the organ, while in Dr. Benisovitch's patient only the serous and muscular layers were involved. This singular circumstance is attributed by the writer to the fact that, at the time of the injury, the lad's stomach was distended with tea, while, on the other hand, the weapon being thrust from a side, touched the organ at a tangent, only gliding over its surface. 3. The case beautifully illustrated those highly beneficent teachings of Marion Sims, Senn, William MacCormac, etc., according to which a patient suffering from an abdominal wound, when subjected to a rational active surgical treatment, has as many chances for recovery as a woman suffering from an ovarian tumor and treated by ovariectomy.—*Khirurgichesky Vestnik*, No. 2, 1887, p. 887.

II. Case of Stab (Knife) Wound of the Abdomen, with Multiple Lesion of the Small Bowel. By DR. MIKHAIL I. GOSHKEVITCH (Kherson, Russia). A middle-aged peasant was stabbed in the shoulder, chest and hypogastrium the weapon being a large clasp knife. A district practitioner, Dr. Kozelsky, happened to pass

through the (doctorless) village at the moment, and was at once brought to the injured man. The latter was found lying on the floor in an almost unconscious state with a large portion of his intestines, covered with earth and litter, protruding from a vertical clean-cut wound in the right side of the hypogastric region and measuring about $13\frac{1}{2}$ cm. in length. A large quantity of semi-liquid faecal matter was seen escaping from several parts of the small bowel. A careful examination showed that at one spot the intestine was perforated through both sides, the apertures easily admitting a finger, while in two other places there were detected only one-sided perforations of a smaller size. All four intestinal wounds were closed with a silk suture, the parts washed out with a tepid carbolic solution, the prolapsed mass returned into the abdominal cavity, and the abdominal wound sutured with silk. The lesions of the man's shoulder and chest proved only superficial. Having rendered this first (and last) aid, Dr. Kozelsky continued his route. The man, therefore, remained from this moment without any medical attendant or any trained nurse. When examined by the local coroner and a medical expert twenty-three days later, he stated that he was "all right;" his abdominal wound was found to have healed except at one spot where some slight suppuration still persisted. Dr. Goshkevitch saw, and spoke to him about six months after the forensic examination, when he again declared that he was quite healthy, and certainly appeared so.—*Rüsskaia Meditzina*, No. 19, 1887, p. 329.

III. Case of Stab (Dagger and Knife) Wounds of the Abdomen with Prolapse of the Omentum and Bowels. By DR. GEDEVANOFF (Mikhailovsky Zaliv, Transcaspiian Region, Russia.) An anæmic, emaciated, weakly built merchant, æt. 22, stabbed himself into the abdomen with a dagger and a blunt pen-knife. When seen by Dr. Gedeveanoff, twelve hours later, the man was lying in a pool of blood in his tent. He was in a deep swoon, deadly pale, with an almost imperceptible pulse. Five gaping wounds of the abdomen, two of them penetrating into the peritoneal cavity and giving rise to the protrusion of a portion of the omentum and an intestinal loop presented themselves; all the stabs were